

Name  
in  
Full

Oliver A. Bailey

2-4-11

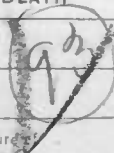

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wt. Union</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>2</i>	Day <i>25</i>	Age <i>64</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Connecticut</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Carpenter</i>				
Name of Wife or Husband <i>Eliza A. Bailey</i>					
Father's Name <i>Lester Bailey</i>			Father's Birthplace <i>Conn</i>		
Mother's Maiden Name <i>Elizabeth Clark</i>			Mother's Birthplace <i>Conn</i>		
Name of person giving information <i>James A Bailey</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>11 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician 
	Address 
Accident or Suicide?	



Name  
in  
Full

Elizabeth A Banks

## CERTIFICATE OF DEATH

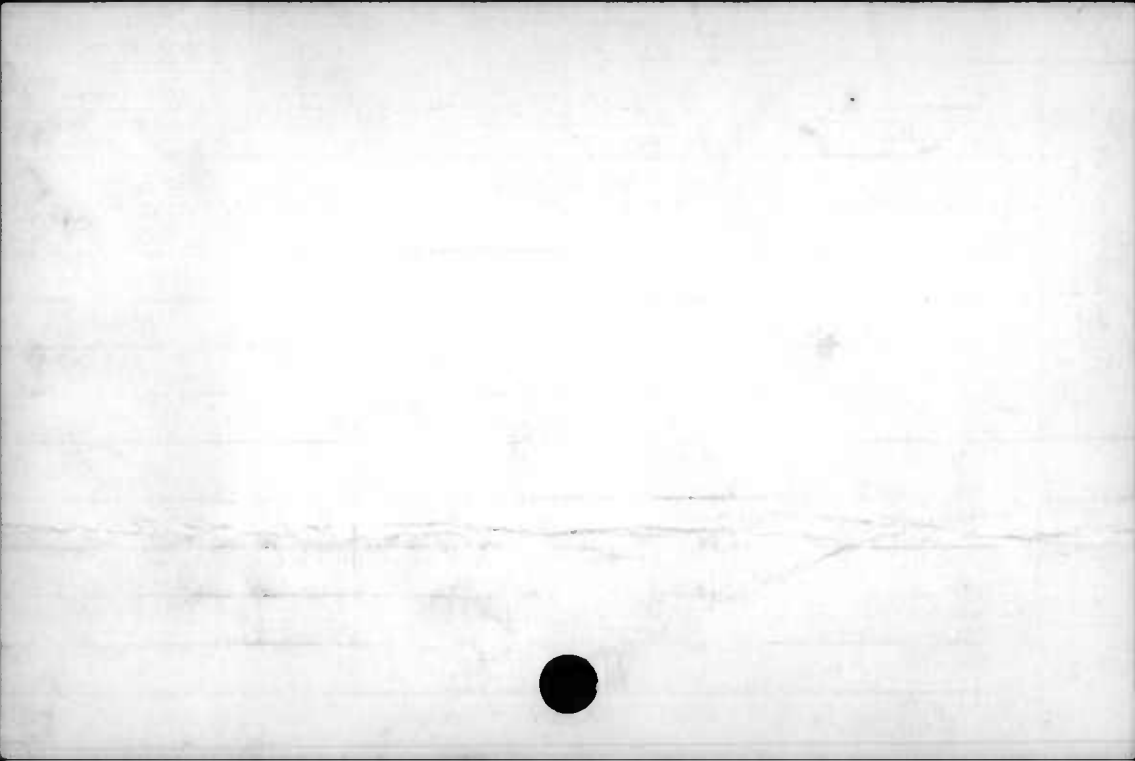
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Net Vernon</i> Town		<i>Stomms</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>67</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>—</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Net Vernon</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas Banks</i>				
Father's Name <i>George Taylor</i>	Father's Birthplace <i>Wicomico Co.</i>				
Mother's Maiden Name <i>Sally</i>	Mother's Birthplace <i>Wicomico Co.</i>				
Name of person giving Information <i>John R. Pruitt</i>	How related to deceased <i>Son-in-law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

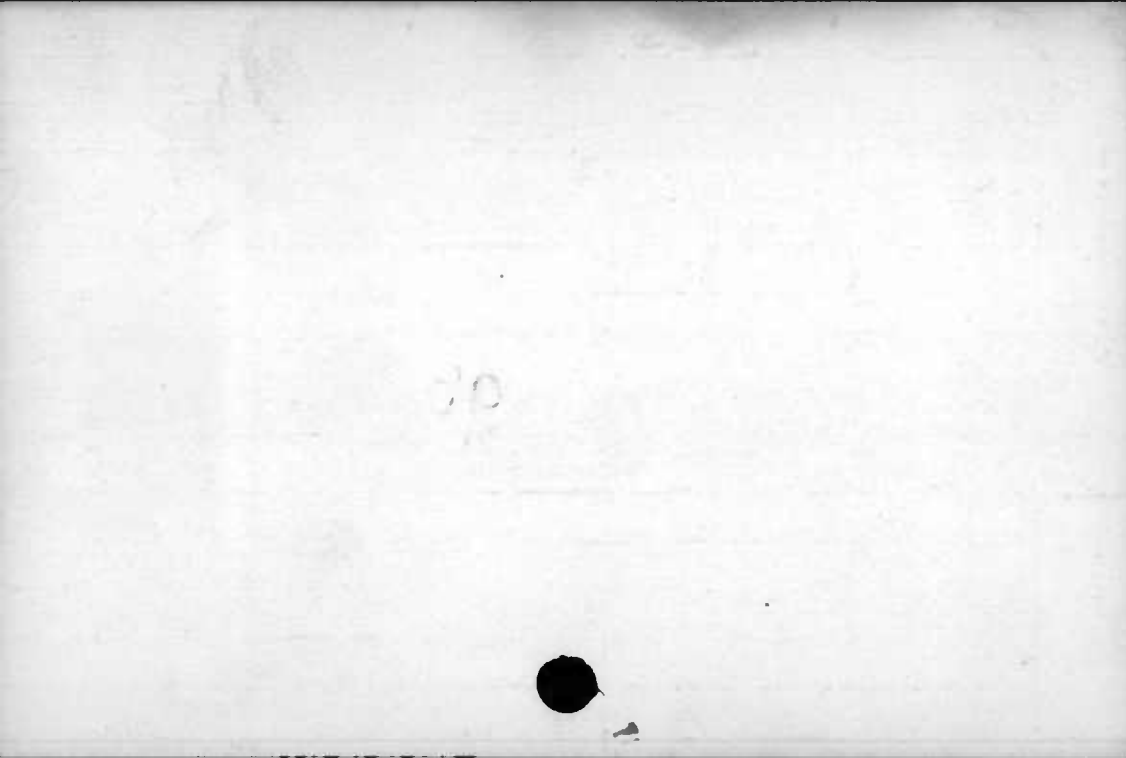
Primary <i>Ulcerated Stomach</i>	How long <i>2 Months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John R. Pruitt</i>
	Address <i>[Redacted]</i>
Accident or Suicide? <i>✓</i>	



Name in Full	Thomas Bedsworth				CERTIFICATE OF DEATH	
	Died at <i>Chambers</i> Town		<i>Somerset</i> County		MARYLAND	
	Date of death <i>190</i> <i>1</i> <i>Feb</i> Month		<i>10</i> Day		<i>67</i> Years	
					Months <i>—</i> Days <i>—</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
	Occupation <i>Oysterman</i>		Where Residing If not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellie Creamer</i>			
Father's Name <i>Whittie Bedsworth</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>J. J. Parks</i>		How related to deceased <i>None</i>		Name of person giving information <i>J. J. Parks</i>		

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>80 days</i>	
	Immediate <i>Exhaustion</i>	How long <i>5 hrs</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Dwyer</i>	
		Address <i>Orville Ind</i>	
	Accident or Suicide? <i>No</i>		



Name  
in  
Full

Nettie Birchhead

CERTIFICATE OF DEATH

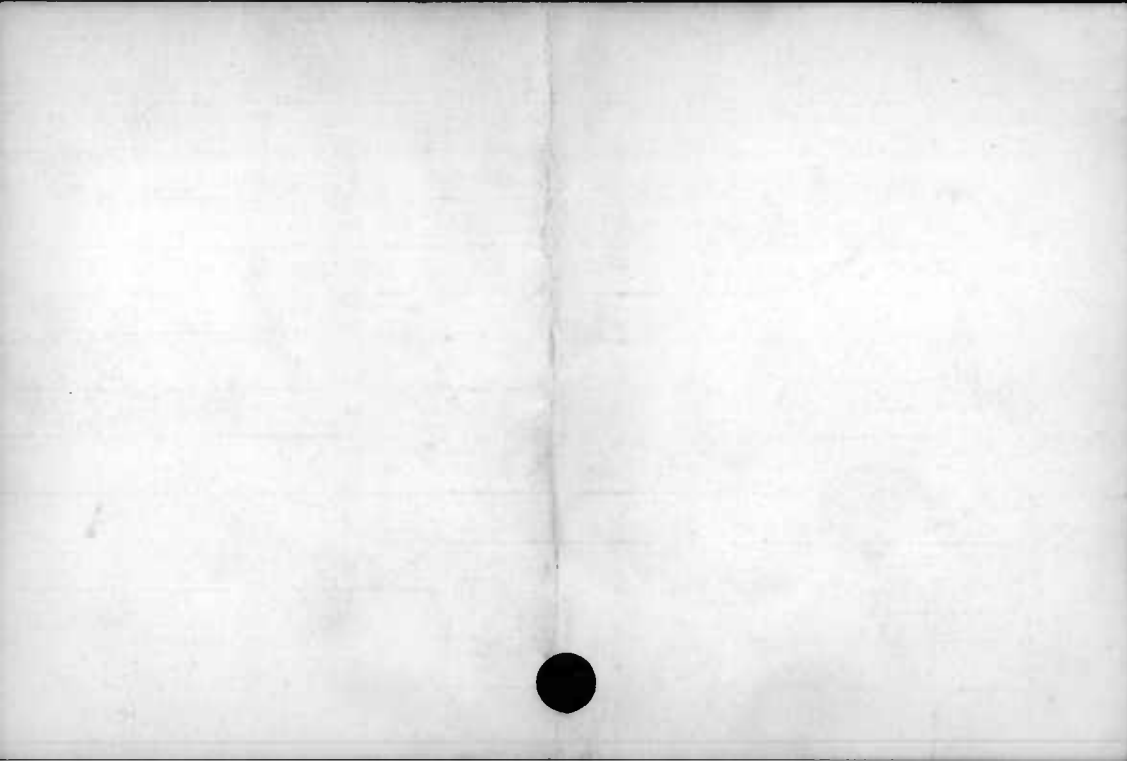
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Princess Anne, Md</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	1905	Month	Feb.	Day	4	Years	Age 13
Sex	Female		Color or Race	Black		Birth-place	Maryland.
Occupation	School girl			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Birchhead					Father's Birthplace	Maryland
Mother's Maiden Name	Hester Anderson					Mother's Birthplace	Maryland
Name of person giving information	Bernard Williams					How related to deceased	Wife.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism &amp; Endocarditis</i>	How long	<i>Six weeks</i>
Immediate	<i>Pneumonia &amp; heart failure</i>	How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Chas. T. Fisher, M.D.</i>	
		Address	
		<i>Princess Anne, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Lizzie Bloodsworth

## CERTIFICATE OF DEATH

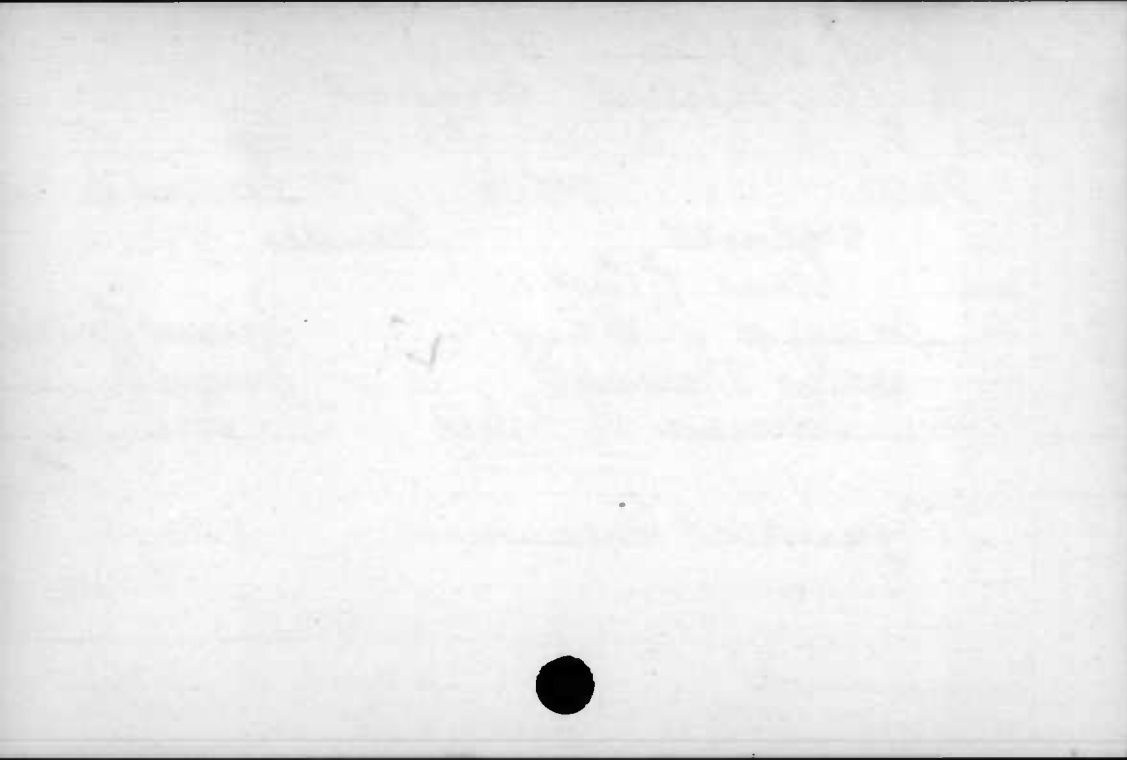
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>W. Vernon</i>		County <i>Sumner</i>		MARYLAND	
Date of death		Month <i>Feb</i>	Day <i>1</i>	Age	Years <i>36</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rand Bloodsworth</i>					
Father's Name <i>GP Lane</i>		Father's Birthplace <i>Ind</i>				Mother's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Largh Taylor</i>		How related to deceased <i>Husband</i>					
Name of person giving information <i>Rand Bloodsworth</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>8 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. L. Stoyt</i>	
<i>Yes</i>		Address <i>Orville Ind</i>	
Accident or Suicide?			
<i>NO</i>			



Name  
in  
Full

Robert William Cluff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dublin District</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>5</i>	Month	<i>2</i>	Day	<i>12</i>
Age		<i>74</i>	Years	Months	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Somerset Co., Md.</i>
Married, Single or Widowed		<i>Widowed</i>			
Occupation		<i>Farmer</i>			
Name of Wife or <del>Husband</del> <i>Irene Cluff</i>					
Father's Name			<i>Edward P. Cluff</i>		
Father's Birthplace			<i>Somerset Co., Md.</i>		
Mother's Maiden Name			<i>Sally Marshall</i>		
Mother's Birthplace			<i>Somerset Co., Md.</i>		
Name of person giving information			<i>Edward H. Cluff</i>		
How related to deceased			<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Glaucostoma</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. Wilson, M.D.</i>	
Address		<i>Permouth City, Somerset Co.</i>	
Accident or Suicide?		<i>No</i>	



Name  
in  
Full

Lucy Emily Cole

2-4-I

## CERTIFICATE OF DEATH

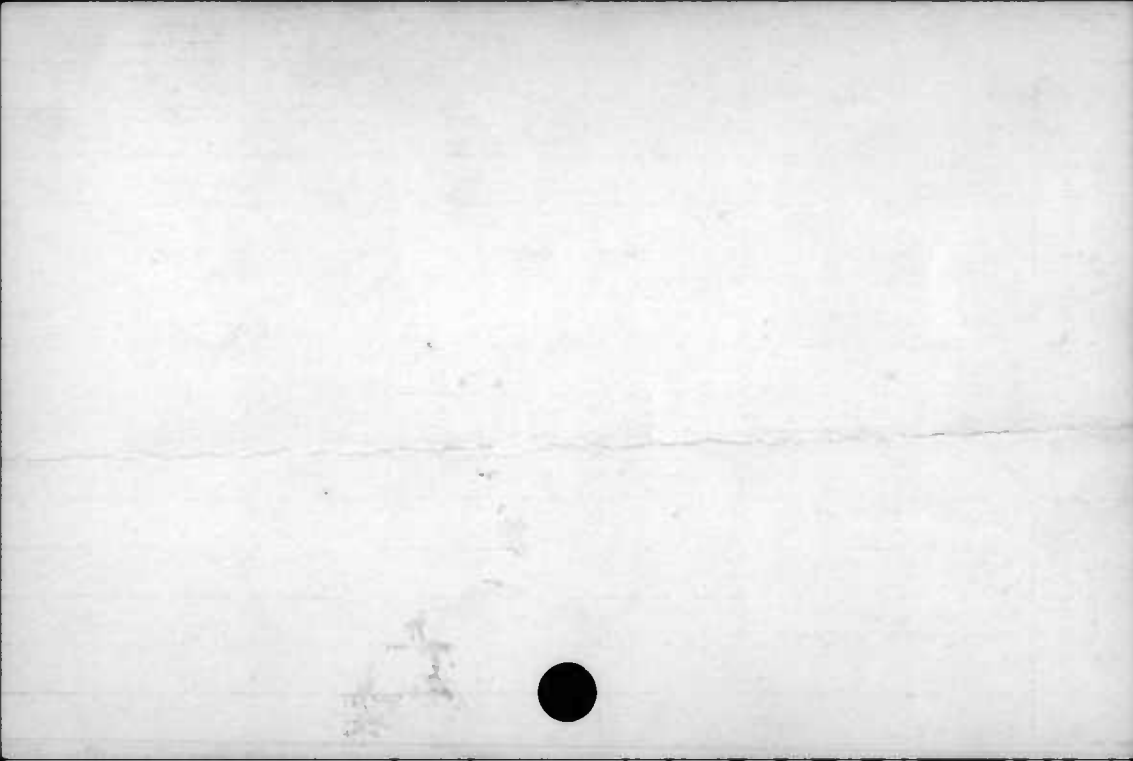
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr. Vernon</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1905	Month <i>2</i>	Day <i>4</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mr. Vernon</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Oscar Cole</i>			Father's Birthplace <i>Dorchester Co.</i>				
Mother's Maiden Name <i>Virginia Scott</i>			Mother's Birthplace <i>Mr. Vernon</i>				
Name of person giving information <i>Oliver Bailey</i>			How related to deceased <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>5 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs. Martha Pope.*

Died at *Crisfield* <sup>Town</sup> *Somerset* <sup>County</sup> **MARYLAND**

Date of death *1905* <sup>Year</sup> *Feb* <sup>Month</sup> *3* <sup>Day</sup> Age *69* <sup>Years</sup> *11* <sup>Months</sup> *20* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *England*

Occupation *None* Where Residing if not at place of death *Crisfield, Md.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Dead*

Father's Name *Don't know* Father's Birthplace *—*

Mother's Maiden Name *" "* Mother's Birthplace *—*

Name of person giving information *HA* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senility, asthenia* How long *3 weeks*

Immediate *Mitral Regurgitation* How long *Don't know*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. H. Coulson*

Address *Crisfield, Md.*

Accident or Suicide? *—*





Name  
in  
Full

*Frank E W Dorman*

CERTIFICATE OF DEATH

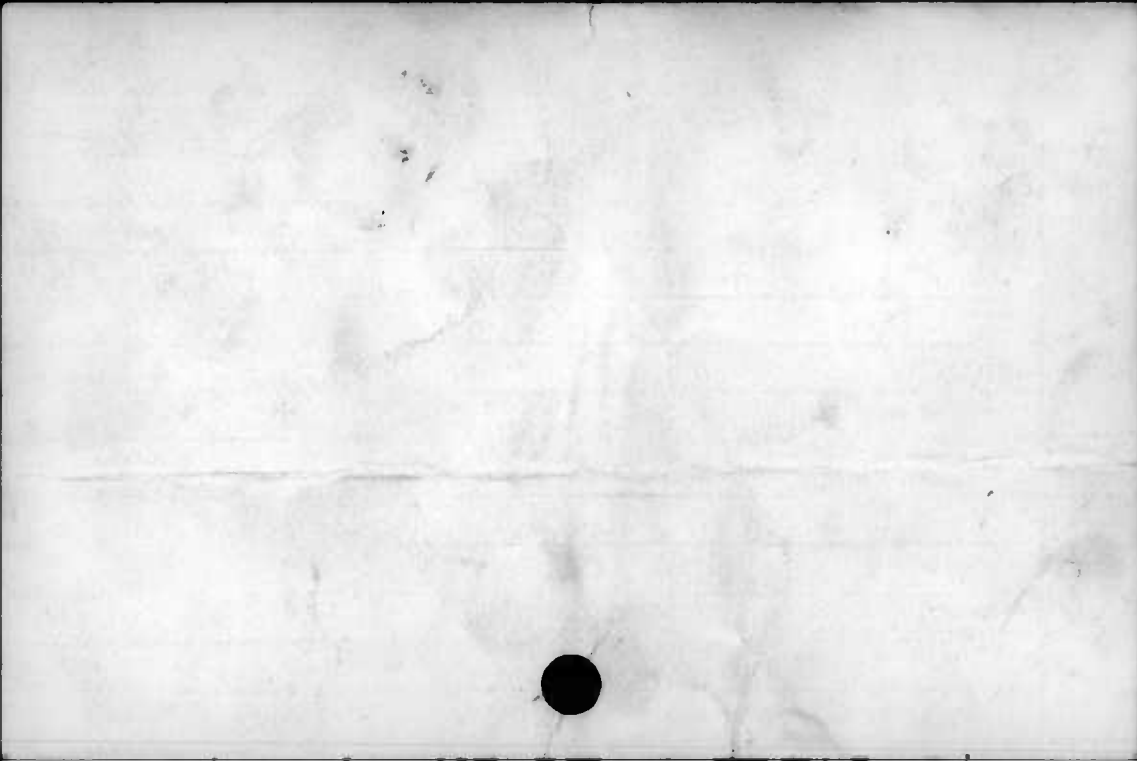
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Polk's road</i>		County <i>Somerset</i>		State <i>Md</i> <b>MARYLAND</b>	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>6</i>	Months <i>1</i>	Days
Sex <i>girl</i>	Color or Race <i>Black</i>		Birth-place <i>Polk's Road</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Jim Dorman</i>	Father's Birthplace <i>Polk's Road</i>				
Mother's Maiden Name <i>Berthina</i>	Mother's Birthplace <i>Polk's Road</i>				
Name of person giving Information <i>Jim Dorman</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fire accidentally</i>	How long <i>11 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>E. M. Darrell</i>
	<i>V &amp; Bro</i>
Accident or Suicide? <i>Accident</i>	



Name in Full Unnamed Horman CERTIFICATE OF DEATH

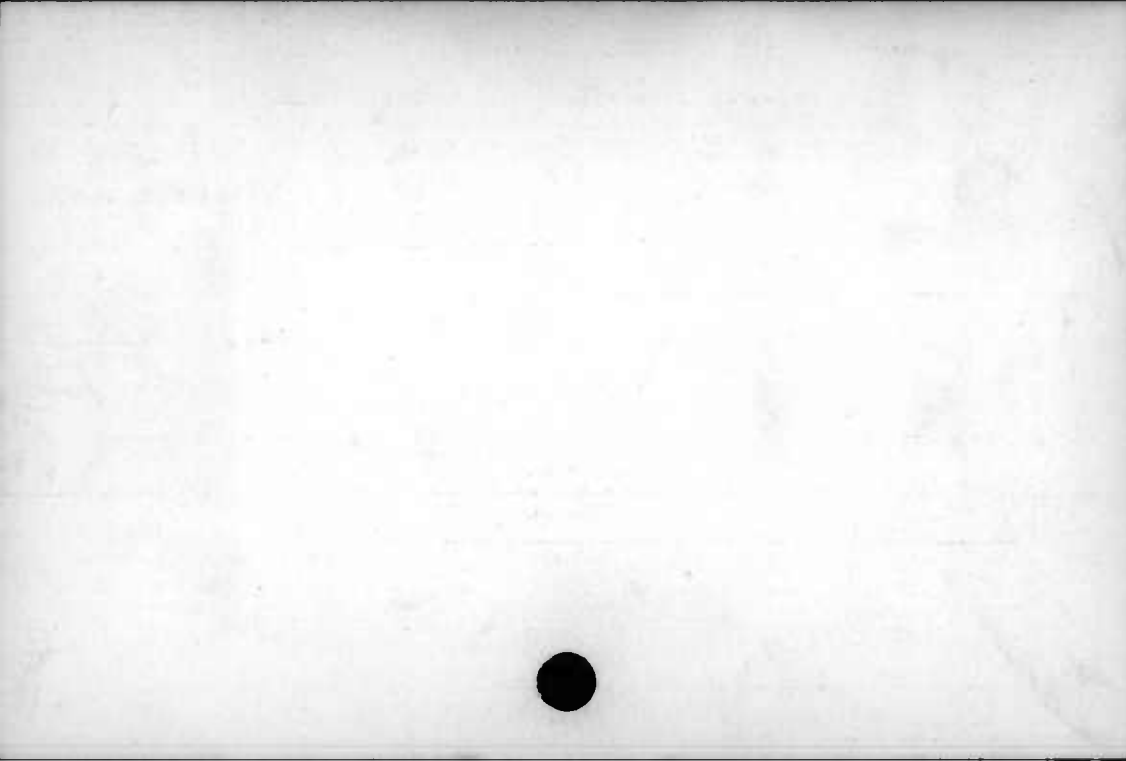
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Princess Anne Md</u>		Town <u>Horman</u>		County <u>Somerset</u>		MARYLAND	
Date of death	<u>1905</u>	Month <u>Feb</u>	Day <u>6</u>	Age	<u>0</u>	Years	Months <u>2 1/2</u>
Sex	<u>Female</u>		Color or Race	<u>Black</u>		Birth-place	<u>Princess Anne</u>
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>James Bivans</u>			Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sarah Horman</u>			Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Mother</u>			How related to deceased <u>f</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gastro-Intestinal disturbance</u>	How long	<u>since birth</u>
Immediate	<u>Unknown</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. E. Fisher, M.D.</u>	
		Address <u>Princess Anne, Md.</u>	
Accident or Suicide? <u>✓</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

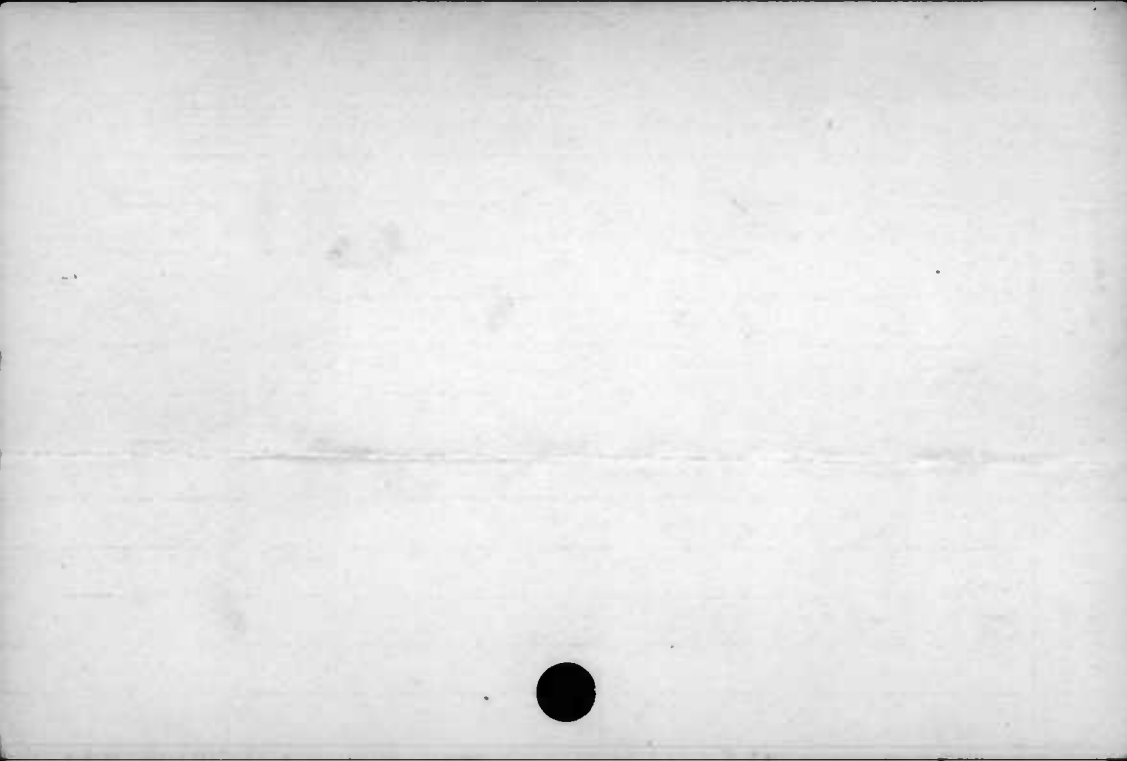
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James Gale</i> <i>Alma House</i> Town		<i>2-4-11</i> <i>Annur</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>2</i>	Day <i>9</i>	Age <i>80</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prichard</i>		
<del>Married, Single</del> <del>or Widowed</del>			Occupation		
Name of Wife or Husband <i>don't know</i>					
Father's Name <i>don't know</i>			Father's Birthplace		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace		
Name of person giving information <i>Geo F Bounds</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long <i>One week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address
Accident or Suicide?	



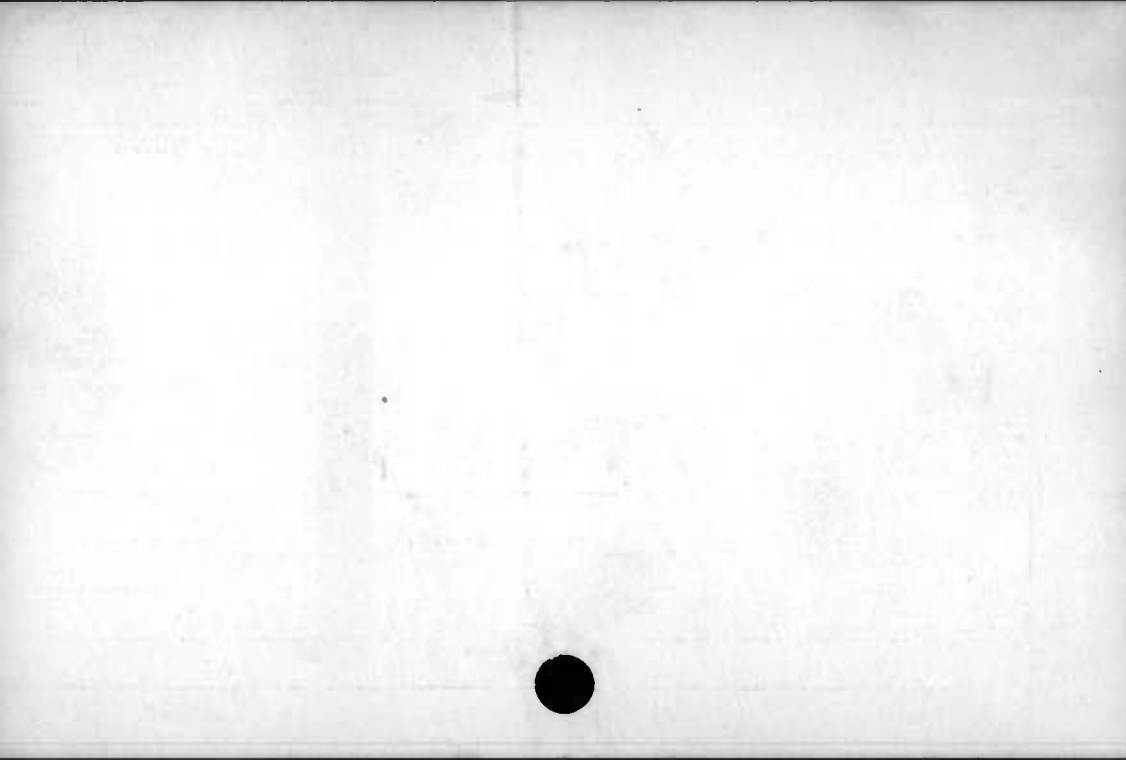
Name in Full		Town				County		CERTIFICATE OF DEATH	
W. J. F. Gibbons		Dublin Dist		Somerset		MARYLAND			
Died at		Date of death	Month	Day	Age	Years	Months	Days	
190		2	27	56					
Sex		Male		Color or Race		White		Birth- place	
Occupation		Farmer		Where Residing if not at place of death		at place of death			
Married, Single or Widowed		Name of Wife or Husband		Martha Dougherty					
Father's Name		James Gibbons		Father's Birthplace		Dublin Dist			
Mother's Maiden Name		Sarah Bunting		Mother's Birthplace		"		"	
Name of person giving In formation		J. A. Holland		How related to deceased		neighbor			
CAUSES OF DEATH									
Primary		Consumption				How long		10 yrs	
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Address			
Accident or Suicide?									

0/70/11/26

1905/2/27.



Name in Full		John Hall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Fairmount	County Somerset		MARYLAND	
		Date of death 1905		Month Oct	Day 10	Age 66	Months	Days
		Sex Male		Color or Race White		Birth- place Fairmount		
		Married, <del>Single</del> or <del>Widowed</del>		Occupation Farmer				
		Name of Wife or <del>Husband</del> Marthe Medley						
PHYSICIAN OR CORONER		Father's Name Thobman Hall				Father's Birthplace Fairmount		
		Mother's Maiden Name Sarah Hall.				Mother's Birthplace "		
		Name of person giving In formation D. J. Maddox				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Paracypis		How long 12 days		
		Immediate		"		How long "		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. E. S. Miles		
				Address Upper Fairmount Somerset Co Md.				
		Accident or Suicide?						



Name  
in  
Full

Lauris Johnson

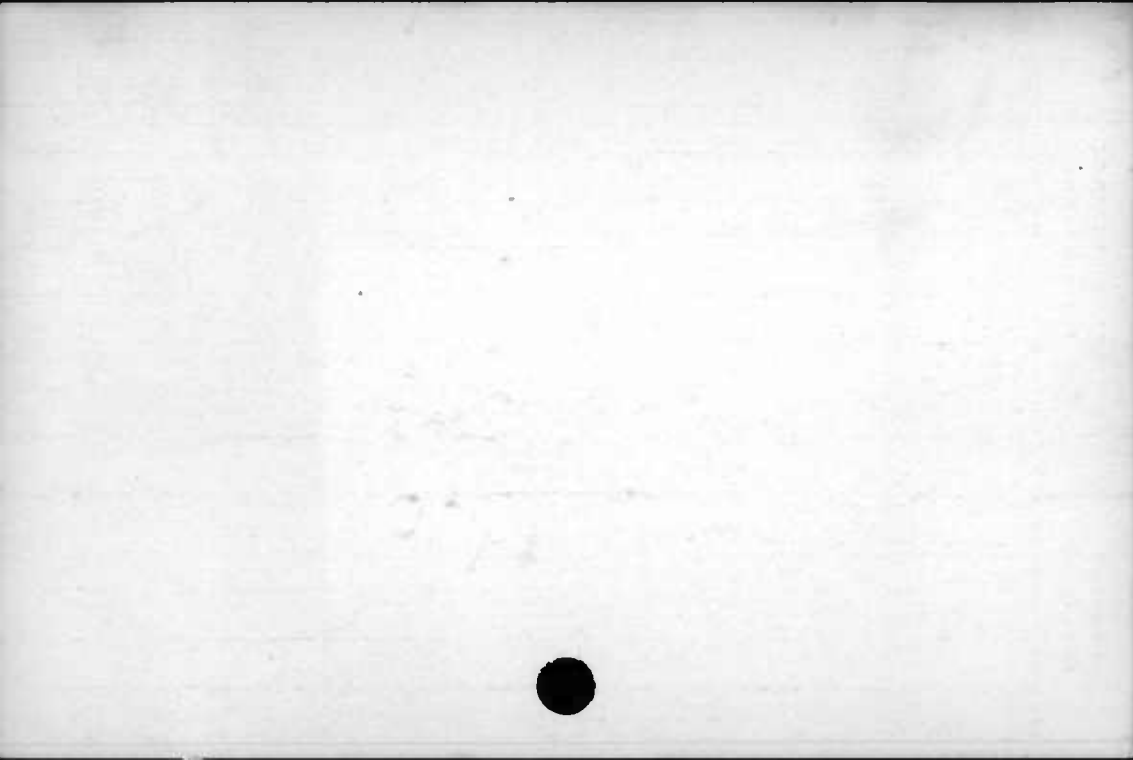
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arnold</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1901</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>13</i>		Age <i>26</i> <sup>Years</sup>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Missouri</i>	
Occupation <i>Cyberman</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia Jones</i>			
Father's Name <i>Wm Knave</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Wash Beau</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

CORONER	Primary <i>Exposure</i>	How long <i>3 hours</i>	
	<i>Exhaustion</i>	How long <i>15 min</i>	
	Immediate		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank M. Mahris cor.</i>	
		Address <i>Errols rd</i>	
Accident <i>—</i>	<i>Froze to death</i> ✓		



Name  
in  
Full

## CERTIFICATE OF DEATH

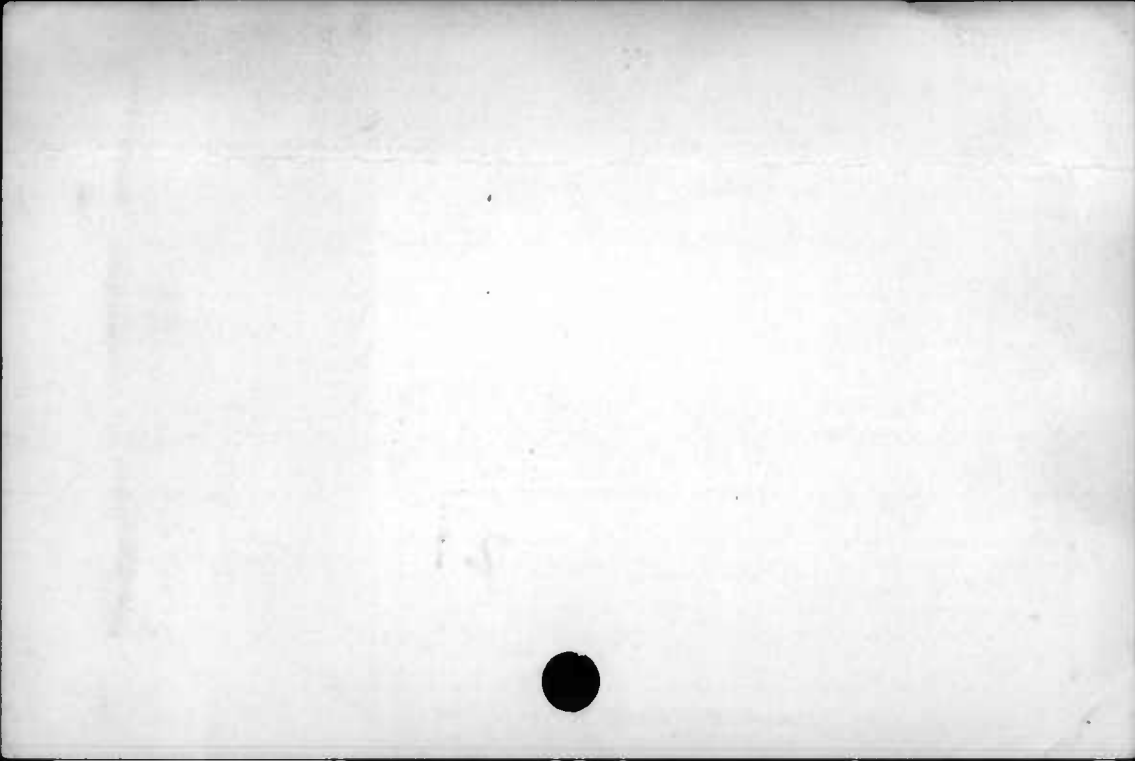
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905	Month	2	Day	10	Age	24 YRS
Sex	Female	Color or Race	Black	Birth-place	Somers Co.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Jacob Freeman Jones			Father's Birthplace	
Mother's Maiden Name			Sarah White			Mother's Birthplace	
Name of person giving information			J. F. Jones			How related to deceased	
			Father				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Asphyxia	How long	1 year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. J. Windsor, M.D.
		Address	Somers Co., W.
Accident or Suicide?			



Name  
in  
Full

Albert King

## CERTIFICATE OF DEATH

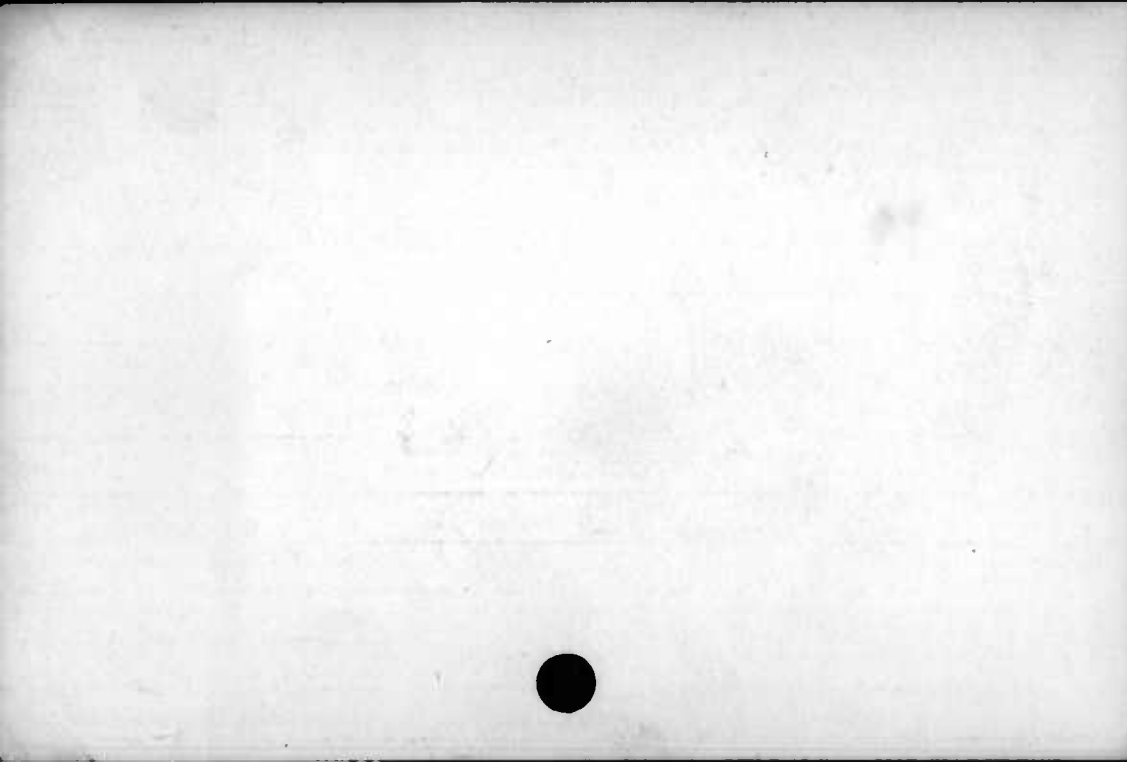
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Princess Anne Somerset</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>4</i>		Age <i>11</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Princess Anne</i>			
Occupation				Where Residing if not at place of death <i>Princess Anne</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Sindarilla King</i>					
Father's Name <i>Levin King</i>		Father's Birthplace <i>Princess Anne</i>					
Mother's Maiden Name		Mother's Birthplace <i>Princess Anne</i>					
Name of person giving information <i>Levin King</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>About 1 yr.</i>	
Immediate <i>Asphyxia following acute Pneumonia</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Albert King M.D.</i>	
		Address <i>Princess Anne, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Mrs Nettie Owens -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

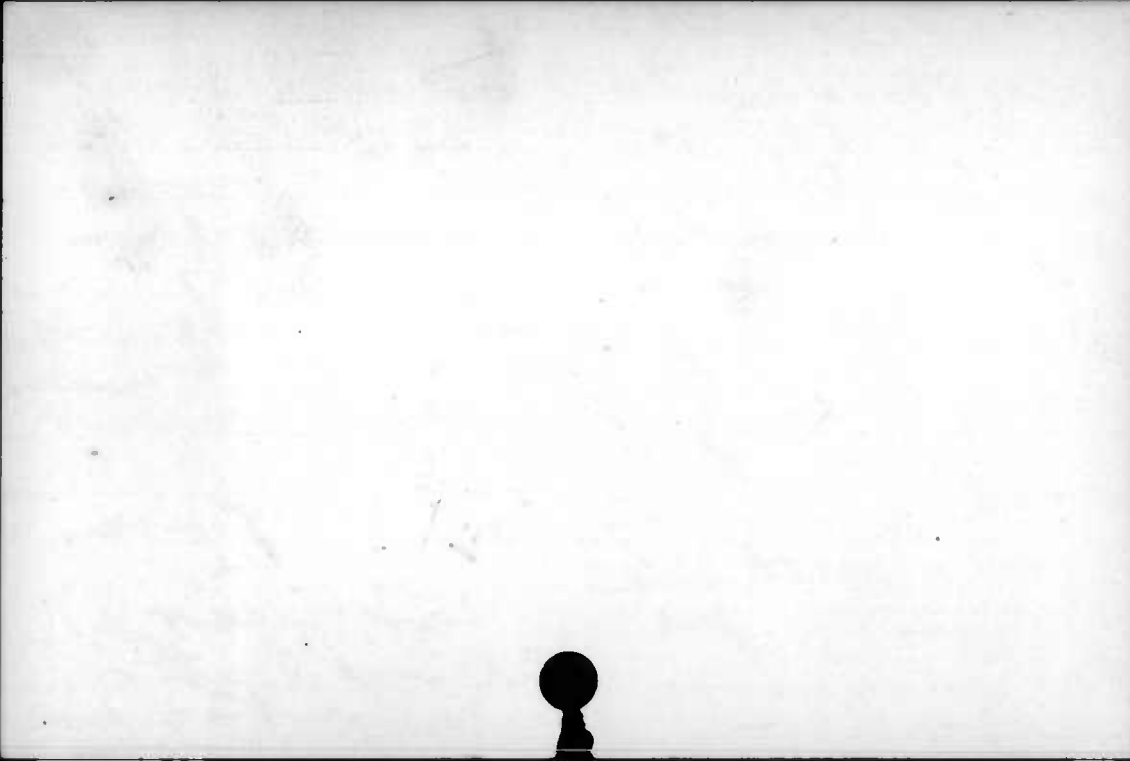
MARYLAND

Died at		Town <i>Laurensia</i>		County <i>Somerset</i>	
Date of death	1905	Month <i>Feb</i>	Day <i>20</i>	Age <i>54</i>	Years <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House wife</i>		Birth-place	<i>Lowearia</i>	
Married, Single or Widowed			Where Residing if not at place of death		
<i>Married</i>			<i>—</i>		
Name of Wife or Husband			<i>- Edw. Owens, -</i>		
Father's Name			<i>— word, —</i>		
Mother's Maiden Name			Father's Birthplace		
<i>—</i>			<i>—</i>		
Name of person giving information			How related to deceased		
<i>Mrs Shorting</i>			<i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>13 months</i>
Immediate	<i>Asthma</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. H. Boulbourn</i>	
		Address	
		<i>Crisfield, Md</i>	
Accident or Suicide?			
<i>—</i>			



Name  
in  
Full

Lida B. Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Somers Quarter* Town*Somerset* CountyDate of death 1905 *Feb.* MonthDay *20*Age *33* YearsMonths *4*Days *20*Sex *Female*Color or  
Race*White*Birth-  
place*Som. Co.*Married, Single  
or Widowed*Married*

Occupation

*Housewife*Name of Wife or  
Husband*Gary Powell*Father's  
Name*Jas. B. White*Father's  
Birthplace*Som. Co.*Mother's  
Maiden Name*Elizabeth Jones*Mother's  
Birthplace*Som. Co.*Name of person giving  
Information*Gary Powell*How related  
to deceased*Husband*

## CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*8 mos.*

Immediate

*Asthma*

How long

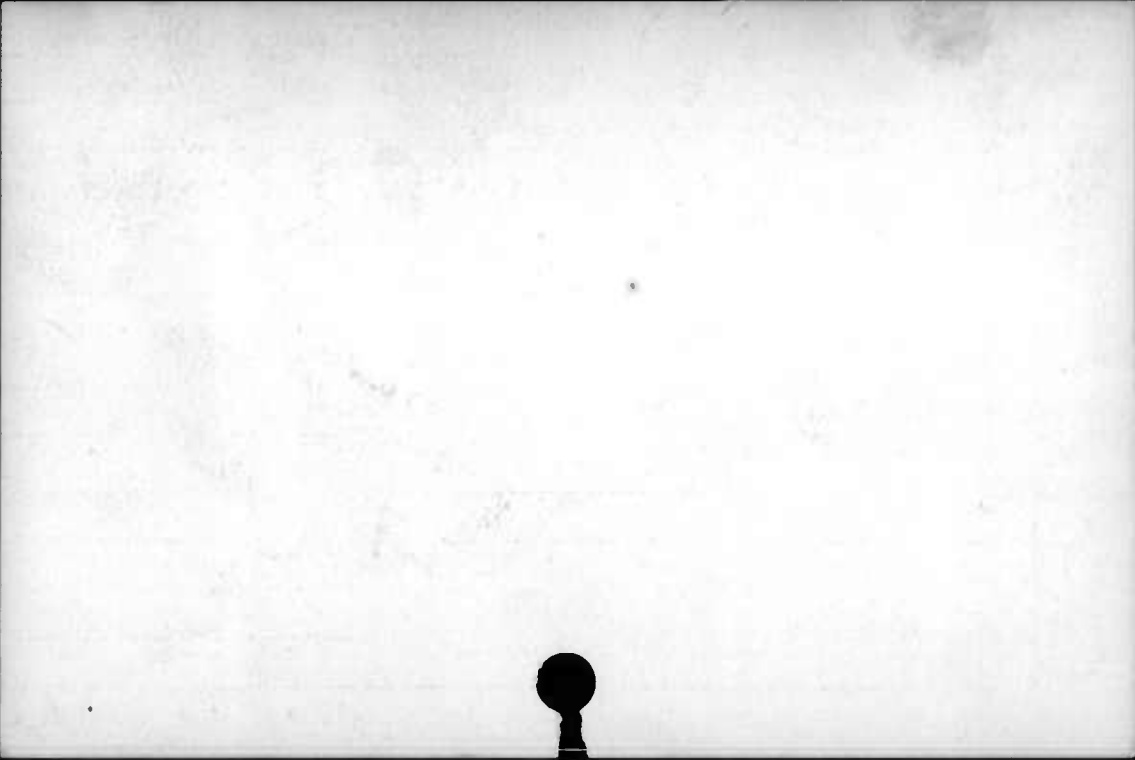
*-*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*S. J. Windsor, M.D.**Trines Quarter,  
Somerset Co. Md.*

Accident or Suicide?

*-*PHYSICIAN  
OR CORONER



Name  
in  
Full

Alice Renshaw

## CERTIFICATE OF DEATH

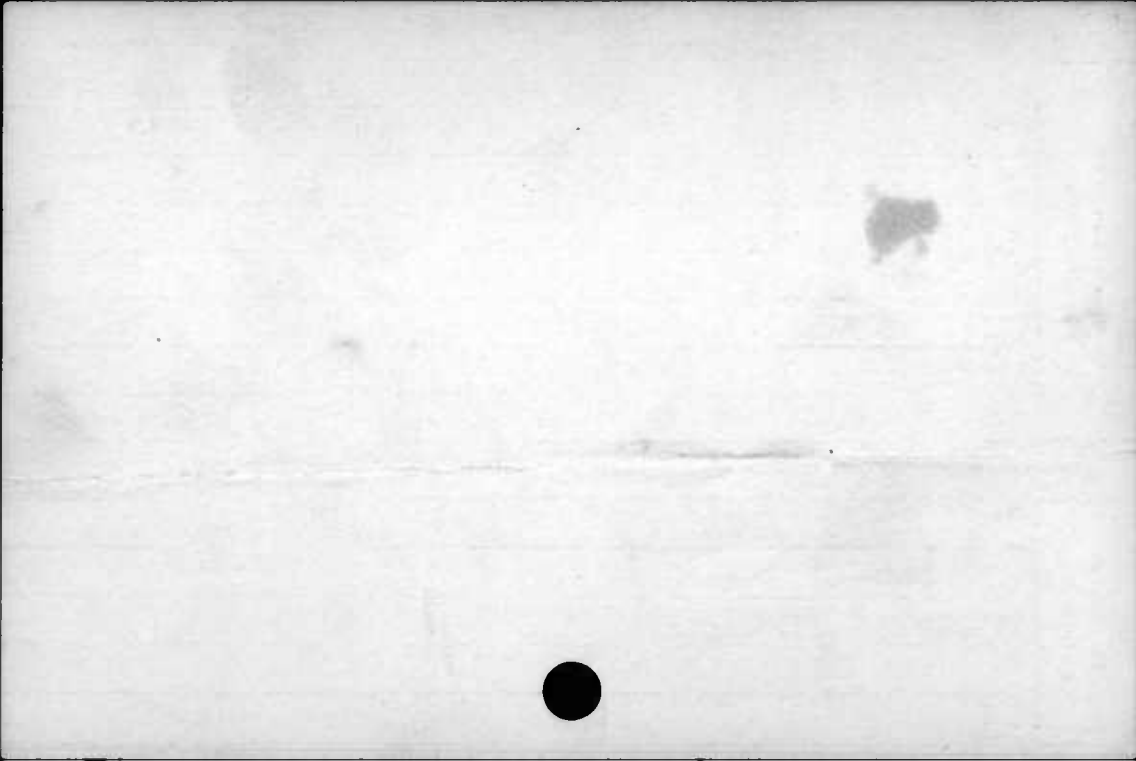
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Vernon</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 1905	Month 2	Day 28	Age 68	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt Vernon</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>Sherry G Renshaw</i>					
Father's Name <i>Wm. Bounds</i>			Father's Birthplace		
Mother's Maiden Name <i>Tempa Hitch</i>			Mother's Birthplace		
Name of person giving information <i>Stanley W Renshaw</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Stomach Trouble</i>	How long	<i>6 Months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

Infant, STERLING (M.P.)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crisfield</i> <sup>Town</sup>		County <i>Somerset</i>		MARYLAND			
Date of death	<i>1905</i>	Month <i>Feb.</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>12 hours</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Crisfield Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles M. Sterling</i>			Father's Birthplace <i>Crisfield Md</i>				
Mother's Maiden Name <i>Mary Oppen</i>			Mother's Birthplace <i>Princess Md</i>				
Name of person giving information <i>Mary Sterling</i>			How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congenital heart disease</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hall</i>
	Address <i>Crisfield Md</i>
Accident or Suicide? <i>—</i>	

05





Name in Full

Certificate of Death

Sally Ward

Died at <sup>Town</sup> Crisfield <sup>County</sup> Somerset MARYLAND

Date 1905 - Feb. 22 Age 87. 3 Native of Md Occupation None

Male White Married Widow Divorced

Female Yes Colored Single Widower Number of children living 4

Husband of Elisha Ward

Father's Name Doot Knorr Mother's Name Doot-Knorr

Cause of Death { Primary Mitral Disease of Heart How long sick

Immediate La Grippe Accident, Suicide, Homicide

Reported by Mrs. Jacob Culver

Address Crisfield, Md 5 J. F. Somers Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

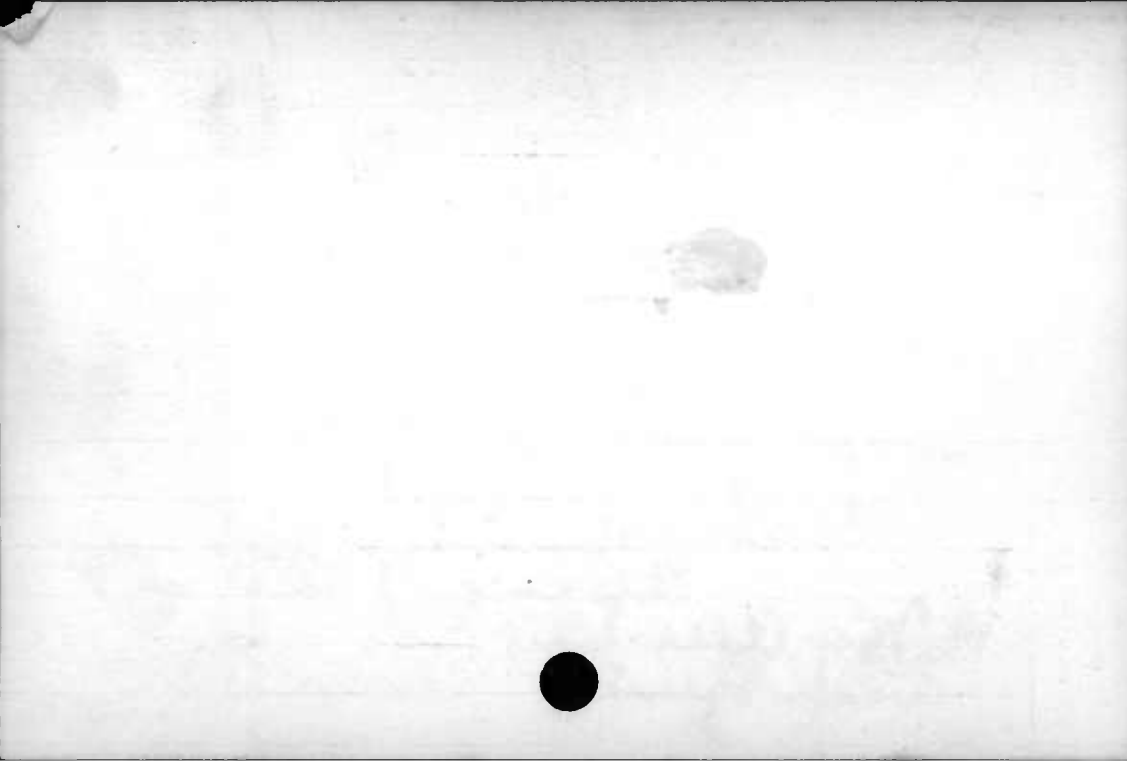
TO BE ANSWERED BY  
NEAREST FRIEND

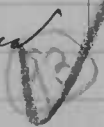

Name <i>Mariat Harmon Williams</i>		Town <i>Harold</i>		County <i>Somerset</i>		MARYLAND	
Died at							
Date of death 190		Month <i>Feb</i>	Day <i>3rd</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Worcester Co Md</i>					
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of <del>Wife</del> or Husband <i>Wm Harmon</i>							
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Edw Harmon</i>		How related to deceased <i>Son</i>					

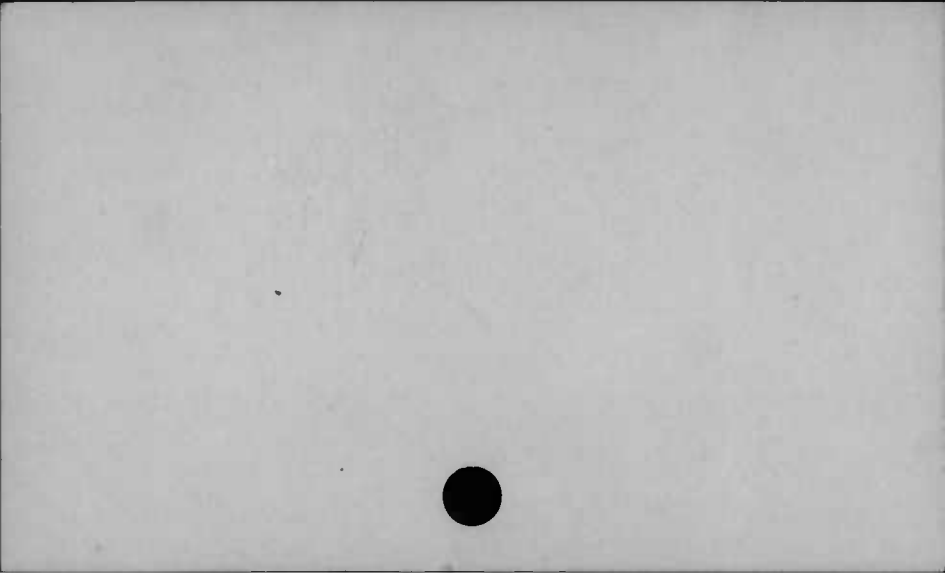
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edw Harmon (Son)</i>
	Address <i>Kingston Md</i>
Accident or Suicide? <i>No physician in attendance</i>	



Died at Crisfield <sup>Town</sup> Dorchester <sup>County</sup> MARYLAND  
Date 1905- <sup>Month</sup> 2 <sup>Day</sup> 19 | Age 39 <sup>Y.</sup> 5 <sup>M.</sup> 1 <sup>D.</sup> | Native of MD | Occupation Housewife  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
Female ~~Colored~~ Single ~~Widower~~ | Number of children living 2  
Husband of Elmer Wilson  
Wife  
Father's Name John D. James | Mother's Name Mary James  
Cause of Death { Pneumonia <sup>Primary</sup>  
Phosphorus Poison <sup>Immediate</sup> | How long sick  
Accident, ~~Suicide~~, ~~Homicide~~  
Reported by C. C. Ward  
Address Crisfield    
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Matilda Windsor

Died at Deal Island

Town

County

Somerset

MARYLAND

Date 1905

Month

Day

2

18

Age

Y.

M.

D.

65

Native of

Somerset Co.

Occupation

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of John H. Windsor

Wife of Henry Dorman

Father's Name

Maiden Name

Betsey Horner

Cause of Primary Cerebral Hemorrhage

How long sick

24 hours

Death Immediate Apnoea

Accident, Suicide, Homicide

Reported by Dr. A. A. A. A.

Address Deal Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

